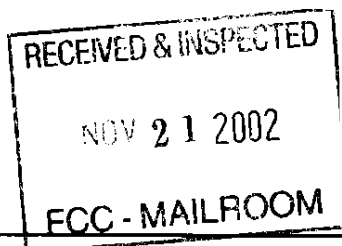


LAFAYETTE TOWNSHIP SCHOOL



178 BEAVER RUN ROAD
LAFAYETTE, NJ 07848
(973) 875-3344
Fax (973) 875-3066

CAROL J. CALELLA, Ed.D.
Superintendent
FRAN D. BUTLER
Vice-Principal

DOCKET FILE COPY ORIGINAL

ANNE HESSLER
Business Administrator/Board Secretary
973-875-2359

Fax (973) 875-2663

November 14, 2002

FCC
Office of the Secretary
445-12th Street SW
Washington, DC 20554

CC Docket Nos. 96-45 and 97-21

To whom it may concern.

I would like to appeal the decision to deny funding in full (Funding Request Numbers: 675813, 67581 5, 67581 7) and request further examination of my application. It is my understanding that Form 470 was rendered invalid by an inappropriate signature. The Service Provider has acknowledged responsibility for this error.

At this time I would like to resubmit the Form 470 and request consideration for **funding** only of the local and long-distance service but not the Internet service. I believe the funding related to Sprint/United Telephone Company of NJ, Inc. and AT&T Corp. is eligible for re-examination.

Please contact me if I can provide additional information to support my appeal. Thank **you** for any consideration in this matter.

Sincerely,

Carol J. Calella, Ed.D.
Superintendent

No. of Copies 1
List ABOVE

Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours Per Response: 4 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org)

Applicant's Form Identifier: 470-11172000

Create your own code to identify THIS Form 470)

Form 470 Application #: _____

(To be inserted by Fund Administrator)

a Street Address, P.O. Box,

178 Beaver Run Road

or Route Number

City Lafayette

State NJ

Zip Code 07848 - 3118



City

State

Zip Code

written

b ☐

OTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.

Entity Number	8167	Applicant's Form Identifier	470-11172000
Contact Person	Carol J. Calella, Ed.D.	Phone Number	973-875-3344x13

What kinds of service are you seeking: Telecommunications Services, Internet Access, or Internal Connections?

Service or Function	Quantity and/or Capacity	
Local voice service	8 existing lines plus 4 new	
Long distance service	8 existing lines plus 4 new	

9 ☐ Internet Access

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

- a ☐ YES, I have an RFP. It is available on the Web at _____
or via (check one) _____ the Contact Person in Item 6 or _____ the contact listed in Item 11, below
- b ☐ NO, I do not have an RFP for these Services.

If you answered NO, you must list below the Internet Access services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.si.univenalseNice.org for examples of eligible Internet Access services. Add additional pages if needed.

Service or Function	Quantity and/or Capacity	



Service or Function	Quantity and/or Capacity	
Local area network connectivity	100 new CAT5 drops for new addition	
Telephone	20 new telephone drops for the new addition	

Name Mr. Thomas Shuman	Title Technology Teacher/Coordinator
------------------------	--------------------------------------

Block 3: Technology Assessment

14 ☒ **Basic telephone service only:** If your application is for basic local and/or long distance telephone service (wireline or wireless) only, check this box and skip to Item 16.

15 Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that **your** application is **ONLY** for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

- a Desktop software: Software required ☐ has been purchased, and/or ☐ is being sought.
- b Electrical systems, ☐ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for electrical capacity is being sought.
- c Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☐ is being sought.
- d Computer hardware maintenance: adequate arrangements ☐ have been made, and/or ☐ are being sought.
- e Staff development: ☐ all staff have had an appropriate level of training; additional training has already been scheduled; and/or ☐ training is being sought.
- f Additional details: Use this space to provide additional details to help providers to **identify the services you desire**.

Entity Number 0167

Contact Person Carol J. Caiella, Ed.D.

Applicant's Form Identifier 470-11172000

Phone Number 973-875-3344x13

Block 4: Recipients of Service

16 Eligible Entities That Will Receive Services:

Check the ONE choice that **best** describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

- a ☒ Individual school or single-site library.
- b ☐ Statewide application for (enter 2-letter state code) representing (check all that apply):
- ☐ All public schools/districts in the state.
- ☐ All non-public schools in the state.
- ☐ All libraries in the state

Does your statewide application include INELIGIBLE entities? ☐ No ☐ Yes. If yes, complete Item 18.

- c ☐ School district, library system, or consortium application to serve multiple eligible entities:

Number of eligible entities	
For these eligible entities, please provide the following:	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number)

Does your application include any INELIGIBLE entities? ☐ No ☐ Yes. If yes, complete Item 18.

17 Billed Entities

List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. Attach additional sheets if necessary.

Entity	Entity Number

18 Ineligible Participating Entities: Does your application also seek bids on services to entities that are not eligible for the Universal Service Program? If so, list those entities here (attach pages if needed):

Ineligible Participating Entity	Area Code and Prefix

Entity Number **8167**

Contact Person **Carol J. Calella, Ed.D.**

Applicant's Form Identifier **470-11172000**

Phone Number **973-875-3344x13**

Block 5: Certification and Signature

19 The applicant includes: (Check one or both.)

- a ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).

20 All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a ☐ individual technology plans for using the services requested in the application; and/or
- b ☐ higher-level technology plans for using the services requested in the application; or
- c ☐ no technology plan needed; application requests basic local and/or long distance telephone service only.

21 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☐ technology plan(s) has/have been approved by a state or other authorized body.
- b ☐ technology plan(s) will be approved by a state or other authorized body.
- c ☒ no technology plan needed; application requests basic local and/or long distance telephone service only.

22 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23 I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25 Signature



26 Date **11-14-02**

27 Printed name of authorized person **Carol J. Calella, Ed.D.**

28 Title or position of authorized person **Superintendent of School District**

29 Telephone number of authorized person **(973) 875 - 3344, ext. 13**

Perrons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Service providers are prohibited from participating in the preparation or filing of a Form 470 that can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at www.sl.universalservice.org/vendor/manual/chapter5.doc or call the Client Service Bureau at 1-888-203-8100.

Entity Number 8167	Applicant's Form Identifier 470-11172000
Contact Person Carol J. Galella, EdD	Phone Number 973-875-3344x13

NOTICE Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Service Eligibility Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries that are eligible for universal service discounts are able to obtain them. 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect information in response to a request in this form. We will use the information you provide to determine whether applying this application is in the public interest. If we believe there may be a violation or a potential violation of a Federal rule, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In these cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Attorney General or his or her designee has an interest in the proceeding.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-191, 110 Stat. 1214, 44 U.S.C. § 3501, et seq.

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, reviewing the collection of information, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Paperwork Project, Washington, DC 20554.

Please submit this form to:

SLD-Form 470
P.O. Box 7026
Lawrence, Kansas 66044-7026
1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 470
c/o Ms. Smith
3833 Greenway Drive
Lawrence Kansas 66046
1-888-203-8100